

border crossings," and East German leader Egon Krenz promised "free, general, democratic and secret elections";

Whereas thousands of people in East Berlin immediately flooded the border checkpoints at the Berlin Wall and demanded entry into West Berlin, causing the overwhelmed border guards of East Germany to open the checkpoints to allow people to cross into West Berlin;

Whereas, in the days following the fall of the Berlin Wall, hundreds of thousands of people from East Germany freely crossed the border into West Berlin and West Germany for the first time in more than 28 years;

Whereas the Chancellor of West Germany Helmut Kohl and Foreign Minister Hans Dietrich Genscher managed the political situation and foreign diplomacy with great tact and in close cooperation with Western allies, leading to the peaceful reunification of Germany as a sovereign, democratic state on October 3, 1990;

Whereas, on November 9, 2009, the people of Germany will celebrate on both sides of the Brandenburg Gate the 20th anniversary of the fall of the Berlin Wall with the "Festival of Freedom";

Whereas the fall of the Berlin Wall was one of the milestones of the 20th century, brought about by the actions of many ordinary and some extraordinary people; and

Whereas the fall of the Berlin Wall embodied the end of the division of Europe, the opening of the Iron Curtain, and the triumph of democracy over communism: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the 20th anniversary of the fall of the Berlin Wall;

(2) celebrates 20 years of an undivided Europe, free from the oppression of authoritarianism, with the people of the former communist countries and Western Europe;

(3) honors the service and sacrifice of the people of Germany, the United States, and other countries who served in the Cold War to bring freedom to Central and Eastern Europe;

(4) expresses its appreciation to the people of Germany for their commitment to preserving the dignity and freedom of others in their leadership on international assistance, peacekeeping, and security efforts, including in Afghanistan, Bosnia and Herzegovina, Georgia, Kosovo, Lebanon, Sudan, and off the coast of the Horn of Africa; and

(5) reaffirms the friendship between the Government and people of the United States and the Government and people of Germany.

AUTHORIZING APPOINTMENT OF COMMITTEE

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the President of the Senate be authorized to appoint a committee on the part of the Senate to join with a like committee on the part of the House of Representatives to escort Her Excellency Angela Merkel, Chancellor of the Federal Republic of Germany, into the House Chamber for the joint meeting at 10:30 a.m. on Tuesday, November 3, 2009.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LIEBERMAN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BROWN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. BROWN. Madam President, most of us go home every weekend and talk to our constituents. In places such as Mansfield, OH, and all over our States, most of us are hearing a lot about people's problems with health insurance. I come to the Senate floor most nights or days and read letters from people in my State who have had difficulty because of their health insurance situation, and I hear a couple of things over and over. One I hear is that most people are generally pretty satisfied with their health insurance—not the cost but generally their coverage—until they get really sick and then they find out their health insurance isn't as good as they thought it was.

I get letters from people all over my State—from Youngstown, from Toledo, from Bowling Green, to St. Clairsville—that a year ago they would have said they had very good health insurance, but they end up having a baby with a preexisting condition or their health insurance costs are so expensive because of an illness that their insurance is canceled. In some cases, a woman who has a C-section is considered to have a preexisting condition by insurance companies because the next baby would have to be a C-section, and in some cases, even women who have been victims of domestic violence are considered by their insurance companies to be a risk because that is a preexisting condition. If they were abused by their husband or boyfriend or whomever in the household, then it is likely that person will do it again, so that is a preexisting condition, and sometimes they are closed out of their insurance.

A few weeks ago, the Senate Health, Education, Labor, and Pensions Committee chairman, Senator HARKIN from Iowa—a committee I and about a quarter of the Senate sit on—held a hearing to examine how health insurance companies discriminate against women in the private market. Insurance companies often deny care and charge higher premiums to women. For instance, in the case of a 32-year-old man and a 32-year-old woman with very similar health backgrounds, the insurance premiums for a woman will be significantly more. She will pay higher insurance premiums than the man will pay. We also heard stories about what I just mentioned, that women who have been victims of domestic violence or women who have had C-sections are charged higher rates or sometimes the insurance industry literally rescinds—the industry term is "rescission"—their insurance coverage. That is only one example of how insurance companies make a profit at the expense of people in need.

One of the reasons this legislation is so important is that these kinds of discrimination practices will be banned by our legislation: No more cutting people off due to a preexisting condition, no more cutting people off because they got sick and went over their annual cap or because they are too expensive to take care of; no more discrimination based on geography, gender, or disability. We are going to ban these practices—no more using preexisting conditions, no more caps, no more discrimination—but even with that, it is important that we have a public option—just an option. A public option will say to the insurance industry: We are not going to let you do that anymore. We are going to change the law, but we are going to help to enforce it with this public option.

I commend Leader REID for responding to the support of the Presiding Officer, Senator SHAHEEN from New Hampshire, and many of us who wrote to Senator REID asking him to include the public option in the health insurance reform bill. He has done that. That is a response from many Members of the Senate, and it is also what most of this country wants. In poll after poll, roughly twice as many Americans want to see a public option as don't. A recent physicians poll by the Robert Wood Johnson Foundation—certainly a group that has no dog in this hunt—found that 70 percent of doctors want to see a public option because they want to protect their patients. They want to make sure their patients aren't victimized by discrimination, by preexisting conditions, and by losing their insurance and all of that.

It is time for our Nation to get more choices, and the public option does give more choices. In Ohio, one insurance company controls 41 percent of the market. One company controls 41 percent of the market. Two companies control 58 percent of the market. In southeast Ohio, two companies control 85 percent of the market. What does that mean? That means little competition, it means lower quality, and it means higher rates. You put the public option out there, and you give people a choice. They do not have to choose the public option. They can choose Aetna or CIGNA or Medical Mutual—a not-for-profit company in Ohio—or they can choose WellPoint. Put that out there with the public option as a competitor, and you bet these companies are going to behave better.

It is not just an Ohio problem. In fact, in some States it is worse. Two health plans control 80 to 100 percent of the market share in 10 States. Two companies control at least 80 percent of the market in one-fifth of the States in this country. In another 11 States, 2 health plans control 70 to 80 percent of the market. So you have 21 States where 2 companies control at least 70 percent of the market. That is not competition; that is an oligopoly, I guess is the term we learned in high school economics class. But whatever